

SWMP/SWPPP INSPECTION REPORTING FORM

Project:	By:		Date:		
Permit No.					
	Overall Condition		Need Repair		
			G = GOOD, F = FAIR, P = POOR, Y = YES, N = NO		
			Comments		
STRUCTURAL MEASURES					
Sediment Containment Systems	G	F	P	Y	N
Barriers for Sheet Flows					
Bale	G	F	P	Y	N
Silt Fence	G	F	P	Y	N
	G	F	P	Y	N
Drain/Inlet Protection					
Bale Barriers	G	F	P	Y	N
Rock Barriers	G	F	P	Y	N
Inserts	G	F	P	Y	N
	G	F	P	Y	N
Channel Check Structures					
Bale Barriers	G	F	P	Y	N
Rock Barriers	G	F	P	Y	N
	G	F	P	Y	N
Other BMPs					
Vehicle Tracking Pad	G	F	P	Y	N
	G	F	P	Y	N
NON-STRUCTURAL MEASURES					
Diversion Dikes and/or Swales	G	F	P	Y	N
Slope Drains	G	F	P	Y	N
Temporary Vegetation	G	F	P	Y	N
Perennial Vegetation	G	F	P	Y	N
Mulch and/or BFM Protection	G	F	P	Y	N
Soil Binder Protection	G	F	P	Y	N
Hillside RECPs	G	F	P	Y	N
Drainage Channel TRMs	G	F	P	Y	N
Riprap and/or Gabions	G	F	P	Y	N
	G	F	P	Y	N
	G	F	P	Y	N

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Will existing BMPs need to be modified or removed or additional BMPs installed? YES NO If yes, list the action items to be completed on the following table.

Actions to be Completed	Date Completed
1.	
2.	
3.	
4.	
5.	
6.	

Weather information since the last inspection was held.

Event	Date Began	Duration (Hours)	Amount (Inches)		Event	Date Began	Duration (Hours)	Amount (Inches)
1					2			
3					4			
5					6			

Are uncontrolled releases of mud or muddy water from the site and/or deposits of sediment evident? YES NO If yes, where and what corrective actions are to occur?

Are non-compliance incidents evident? YES NO If no, sign the following certification: **I certify the facility is in compliance with the SWPPP and this permit.** _____

If yes, should the SWPPP drawings be modified? YES NO If yes, the following drawing modifications are to be completed within seven days.

Comments:

Inspection completed on: _____ by: _____
(Signature)

Title/Qualification of Inspector: _____ CPESC No. _____